STATEMENT OF

FORM 1		ORGANIZA (See instruction		N		Office u	se only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)		ple: If typying, type he lines	12FE4M	1 1 1	Se only	
Unum Grou	Political Action	Committee (Unum	PAC)					
			Щ					
ADDRESS (number a	nd street)	ountain Square	ш		ш			
(Check if address is changed)	ess LL							
	Cha	ttanooga	ш		TN	ئىيا	37402 - <u> </u>	
			CITY		STATE		ZIP CODE 📥	
COMMITTEE'S E-N	MAIL ADDRESS (Pleas	e provide only one e-n	nail addre	ss)				
(Check if address is changed)	ess mai	yjones@unum.co	om L L L					
COMMITTEES		UDL)						
	B PAGE ADDRESS (UKL)						
(Check if addr is changed)	ess							
	لللا							
	M / D D / B 3 1 / CATION NUMBER	2011	C C00	177436				
4. IS THIS STAT	EMENT NE	W (N) OR	X	AMENDED (A)				
I certify that I have exa		d to the best of my know	J	I belief it is true, correct a	and complete			
Signature of Treasu	rer Electronically Fil	ed by Elizabeth F	H. Simo	n	Date 0) 1 D	31 / Y Y Y Y	1 1
NOTE: Submission of			-	e person signing this Sta	·		U.S.C. §437g.	
Office Use Only				For further information Federal Election Commi Toll Free 800-424-9530			EC FORM 1 Revised 02/2009)	